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**FACSIMILE TRANSMISSION COVER SHEET**

Date: January 10, 2008

To: United States Patent and Trademark Office  
Examiner: Riyami, Abdulla A.; Art Unit: 2616

Fax: (571) 273-8300

Re: **Application Serial No.: 10/806,800**  
Filing Date: 3/23/2004; First-Named Inventor: Fayad  
Attorney Docket No.: 01CON247P-CON

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 23

Message:

Enclosed please find the Request for Continued Examination; and the Response to the Advisory Action dated January 2, 2008.

Authorization is hereby given to the Director to charge \$810.00 to deposit account 50-1867 as payment for the required fee.

Thank you.

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**JAN 10 2008**

Attorney Docket No.: 01CON247P-CON

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Fayad, et al.SERIAL NO.: 10/806,800 FILED: 3/23/2004FOR: Methods and Apparatus for Data Communications through Packet NetworksHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	26	MINUS **26	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

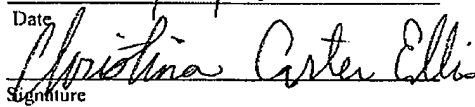
99RSS183-CON

Attorney Docket No.: 01CON247P-CON

- ☐ Enclosed is the total fee of \$ \_\_\_\_\_ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$ \_\_\_\_\_
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Date: 1/10/08By:   
Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

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1/10/08  
Date  
  
Signature  
Christina Carter Ellis  
Name of Person Performing Facsimile Transmission

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Date: 1/10/08Signature: Christina Carter EllisName of Person Performing Facsimile Transmission: Christina Carter Ellis

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